

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       | MDW      | 50     | 03-03-01 |
| FORMALITY REVIEW          | MM       | 920    | 03-14-01 |
| RESPONSE FORMALITY REVIEW |          |        |          |

INDEX OF CLAIMS

- ✓ ..... Rejected
- ..... Allowed
- (Through numeral) ... Canceled
- ⊖ ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     | ✓     | 7-20-02  |      |
| 2     | ✓     | 11-29-02 |      |
| 3     | ✓     | 11-29-02 |      |
| 4     | 0     | 0        |      |
| 5     | 0     | 0        |      |
| 6     | 0     | 0        |      |
| 7     | ✓     | ✓        |      |
| 8     | ✓     | ✓        |      |
| 9     | ✓     | ✓        |      |
| 10    | ✓     | ✓        |      |
| 11    | 0     | 0        |      |
| 12    | ✓     | ✓        |      |
| 13    | 0     | 0        |      |
| 14    | ✓     | ✓        |      |
| 15    | ✓     | ✓        |      |
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| 17    | ✓     | ✓        |      |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

MM  
3/14